

SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. _____

U. S. **COST REIMBURSABLE**

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. 1294

To _____

(Payee)

PAID BY	
SAPC	8038
COPY 1 OF 3	

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				13,300	53

PAYMENT:
Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$ 13,300 53

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

Amount verified; correct for _____
(Signature or initials)

13,300 53

Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

**SIGN
ORIGINAL
ONLY**

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

APPROVING OFFICER

CONTRACTING OFFICER

STATOTHR

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____. Payee _____ } favor of payee named above.

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ADJUSTMENTS

TING JOURNAL VISIONS

DATE _____

PAGE

REPORT NO.

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